## SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R / 11-99) Indiana Election Commission (IC 3-9-5-20) Approved by State Board of Accounts 1999

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18).

NA.	1923	FILE NUM	BER	
TOTAL	PAGES	IN ENTIR	E CFA-11	REPORT

			,		
	COMMITTEE INFOR	MATION	/		
1. Full name of candidate (Include any nickname) Check if this is:  FRUENOS OF JINC BRUKINIKK		2. Committee telephone number ( 377 ) 844-350 7			
Mailing address (address where all campaign finance correspondence of BOX 163)		heck if this is a new addr	- 14		
4. City, state, ZIP code	5. Party affiliation or if independent				
6. Office sought (Include district number, if any. Not required for explorat	7. County of residence				
Carmel Mayor	ory committee,	Hemiles			
8. Reporting period: From: Oct. 11, 2603 Through: NOV.	2.2003	7107700			
For classification, enter INDV for individual; PAC for NONE for all entries which are not one of the above		ommittee; CORP fo	or corporation; LAB for I	abor organization	
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS		OF CONTRIBUTION	COLUMN A AMOUNT OF	DATE RECEIVED	
(street, number, city, state, ZIP code)			CONTRIBUTION	RECEIVED BY	
1NDV Ed Jolliffe	Contrib Direction	utions: t nd ( <i>describ</i> e)			
8901 Obs Ave			\$1,500.	10-31-03	
Indianapoles, IN 460	2/6 Other F	Receipts: est \(\subseteq Loan\)			
Contributor's Occupation (if applicable) Engure					
Classification 2.	Contribu	utions: t nd (describe)			
		leceipts: ist □Loan (specify)			
Contributor's Occupation (if applicable)					
Classification 3.	Contribu				
	Other R	st DLoan			
Contributor's Occupation (if applicable)					
CERTIFICATION  I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE TRUE, CORRECT AND COMPLETE		OWLEDGE AND BELI	EFITIS SLUTOS FOR OFF	ICE USE ONLY	
Signature on File			ino E. jun	ch our	
			l b⊌ r: 3	2003 OC 3	
(IC 3-9-4-5) A person who knowingly files a fraudulent report common to file a complete or accurate report as required by the Indiana Ca					